## DECLARATION AND POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

As a below named inventor, I hereby declare that: My residence, mailing address, and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

application on which priority is claimed.

METHOD FOR PRODUCING MAGN	ETIC RECORDIN	NG MEDIUM
******		
the application of which		
⊠ is attached hereto	OR	□ was filed on as United States Application Number or PCT International Application Number, (Confirmation No), and was amended on
I hereby state that I have reviewed ar by any amendment specifically referre	nd understand the o	contents of the above identified application, including the claims, as amended
I acknowledge the duty to disclose continuation-in-part application(s), m the national or PCT international filin	aterial information	ich is material to patentability as defined in 37 CFR 1.56, including for n which became available between the filing date of the prior application and nuation-in-part application.
or plant breeder's rights certificate(s)	, or 365(a) of any	. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's PCT international application(s) which designated at least one country other ave also identified below, by checking the box, any foreign application(s) for

			Priority Claimed	
Prior Foreign Application Number(s)	Country	Foreign Filing Date	Yes	No
No. 2002-184193	Japan	June 25, 2002	both 🛚	
No. 2002-184194	Japan	June 25, 2002	Wui E	IJ

patent, inventor's or plant breeder's rights certificate(s), or any PCT international application(s) having a filing date before that of the

I hereby claim domestic priority benefits under 35 United States Code §120 of any United States application(s), §119(e) of any United States provisional application(s), or §365(c) of any PCT International application(s) designating the United States, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in a listed prior United States or PCT International application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge my duty to disclose any information material to the patentability of this application as defined in 37 C.F.R. 1.56 which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

Prior U.S. or International Application Number(s) U.S. or International Filing Date Status

I hereby appoint all attorneys of SUGHRUE MION, PLLC who are listed under the USPTO Customer Number shown below as my attorneys to prosecute this application and to transact all business in the United States Patent and Trademark Office connected therewith, recognizing that the specific attorneys listed under that Customer Number may be changed from time to time at the sole discretion of Sughrue Mion, PLLC, and request that all correspondence about the application be addressed to the address filed under the same USPTO Customer Number.

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PATENT TRADEMARK OFFICE

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:								
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Inventor's Signature	<u> </u>	·	Date					
Residence: City	State	Country		Citizenship				
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NAME OF THIRD INVENTOR:								
Given Name (first and middle [if any])		Family Name or Surnam	ne					
Inventor's Signature			Date					
Residence: City	State	Country		Citizenship				
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City	State	Zip		Country				
NAME OF FOURTH INVENTOR:	:							
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Mailing Address:								
City	State	Zip		Country				
NAME OF FIFTH INVENTOR:								
Given Name								
(first and middle [if any])		Family Name or Surnar	ne					
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Residence: City	State	Country		Citizenship				
Mailing Address:								
City	State	Zip		Country				